

NURSING HOME SURVEYORS



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A new kind of health professional, the surveyor, has evolved to oversee nursing homes and extended care facilities—probably the fastest growing branch of the health industry. Stimulated by the advent of Medicare and Medicaid in 1966, the number of nursing home beds increased from 583,000 to 762,000 by 1969. To determine whether nursing homes and extended care facilities are eligible to be paid Medicaid or Medicare funds, approximately 1,735 surveyors, armed with a 47-page form, the Extended Care Facility Survey Report, ascertain whether the institutions meet the 18 conditions of participation based on more than 70 standards for compliance which in turn are delineated by no less than 300 definitions or explanations and require at least 160 explanatory statements.

In a speech before the Conference of the Duke University Center for the Study of Aging and Human Development, the American Association of Retired Persons, and the National Retired Teachers Association at Washington, D.C., November 2, 1971, Secretary of Health, Education, and Welfare Elliot L. Richardson reported that since Medicare began in 1966, nearly 100 million days of care in extended care facilities have been paid for under the program. In the same period the Medicare approval of more than 100 extended care facilities has been suspended because they failed to meet health and safety standards, and more than 2,000 facilities were withdrawn from the program—many of them because their administrators knew they could not meet Federal standards. Currently, the Department of Health, Education, and Welfare has certified more than 4,200 extended care facilities for participation in Medicare and Medicaid.

Of this country's 20 million aged, the Secretary said, 1 million live in nursing homes. Federal financial support constitutes but 40 percent of the total annual outlay for nursing home care. State and local governments spend an additional 27

percent, and the remainder comes from the private sector.

The responsibility of nursing home surveyors—all of whom are paid by the States—is awesome. Darold Taylor, chief of the Health Facility Survey Improvement Branch, Community Health Service, said that “The surveyor of health care facilities is the key to better patient care in all types of health care facilities.” Patients’ families may complain, newspapermen may write articles, and Congressmen may investigate, but they lack the clout to enable them to rectify abuses or substandard conditions. The quality of patients’ lives depends on how conscientiously the surveyor assumes his legal responsibility and how knowledgeably he does his job.

Compliance With State and Local Laws

The home must be licensed pursuant to State and local laws or approved by the agency responsible for such licensing, and the staff should be licensed or registered in accordance with applicable laws. In addition, the home should be in conformity with laws relating to fire and safety, communicable and reportable diseases, and other relevant matters. Federal requirements for nursing homes—designated as “Conditions of Participation” in the Extended Care Facility Survey Report—are discussed subsequently.

Federal Requirements for Nursing Homes

Administrative management. The surveyor must determine that the home has a governing body which assumes full legal responsibility for its operation. Ownership of the facility is fully disclosed to the State licensing agency, and if the facility is owned by a corporation, the corporate officers are known. The governing body, which may serve more than one facility, must meet regularly at scheduled intervals and the minutes of each meeting be recorded.

The surveyor confirms that the administrator and nurse-director are both full time and fully qualified and that they have the maturity, capacity, academic background, and professional experience to hire and direct competent personnel. He also records the name and title of the administrator's alternate.

Two other criteria of management that concern the surveyor are personnel policies and notification of changes in patient status. He ascertains whether written personnel policies, practices, and procedures that adequately support sound patient care are corroborated by current employee rec-

Filling up the long days is one problem faced by elderly nursing home residents. Two surveyors whose specialty is recreation therapy admire a patient's handiwork in the arts and crafts room.



Surveyor inspects a home's medical records system for completeness, currency, and accuracy while the nurse director looks on

Survey team discusses findings with the nurse director of a home in an exit interview. Counseling is an important duty of surveyors.



ords, including a résumé of each employee's training and experience. The surveyor also examines the files for evidence that employees' health is adequately supervised and that work assignments are consistent with qualifications.

The files also indicate whether the home has appropriate written policies and procedures relating to notification of responsible persons in the event of change in patients' status, charges, billings, and other related administrative matters. The standard for notification of changes in patient status says that patients are not to be transferred or discharged without first notifying their next of kin or sponsor and that information describing the care and services provided by the home is to be accurate and not misleading.

Patient care policies. An important aspect of the surveyor's visit is insuring that policies and practices governing skilled nursing care and related medical or other services are developed with the advice of—and are periodically reviewed by—professional personnel including at least one physician and one professional nurse. Ever mindful that the home's objective is to fulfill the total needs of its patients, the surveyor critically examines the functioning of the physician, nursing, dietary, restorative, pharmaceutical, diagnostic, dental, and social services. Care of patients during an emergency, during an outbreak of communicable disease, and when critically ill or mentally disturbed is also assessed. In addition clinical records, transfer agreements, and utilization review are scrutinized.

Physician services. Patients needing skilled nursing care are admitted to a home only upon recommendation of a physician. The surveyor verifies that each patient's health care is supervised by a physician who prescribes a regimen and visits the patient at least once every 30 days. At least one physician must be available at all times for emergency care.

Surveyors also investigate compliance with standards for other aspects of physician services, including medical findings and physicians' orders. In evaluating medical practices, the surveyor ascertains whether physicians indiscriminately use tranquilizers or sedatives so the patients will be docile and less demanding.

Nursing services. The form for the survey report specifies "The extended care facility provides 24-hour nursing service which is sufficient to meet the nursing need of all patients. There is at least one registered professional nurse employed full

time and responsible for the total nursing service. There is a registered professional nurse or licensed practical nurse who is a graduate of a State-approved school of practical nursing in charge of nursing activities during each tour of duty."

The standards for full-time nurse, director of nursing service, supervising nurse, charge nurse, 24-hour nursing service, restorative nursing care, dietary supervision, nursing care plan, and inservice educational program are minutely detailed. It is incumbent on the surveyor to be sure there is no deviation. The statute even requires that the surveyor show the schedule and the number of registered nurses, licensed practical nurses, and aides or orderlies assigned to nursing duty for the last 3 weeks for which records are available. The surveyor is also expected to be alert for evidence of poor nursing practice. For example, if nurses pour medicines hours before patients take them, the medicines can deteriorate or become contaminated.

Dietary services. Although the standards for the staff of the dietary service appear to be more flexible than those for some other types of personnel, the surveyor makes sure that the service is competent to meet the dietary needs of the patients. The dietary services are inspected for cleanliness, quality and quantity of food, and adaptability to patients' individual needs. The dietary staff should work with the nurses in preparing individual diets. For example, if a patient is not eating his meals, the nurse will notify the dietitian and she will perhaps offer a different consistency of foods. If the patient's condition changes, the dietitian, in consultation with the physician, will work out a new diet.

Restorative services. Restorative services are provided upon written order of the physician. The objective of the personnel involved is to enable the patient to maintain function or improve his ability to carry out the activities of daily living. The surveyor observes whether practices are in compliance with the standards for medical direction, for arrangements with outside agencies or independently practicing therapists, and for procurement and use of ambulation and therapeutic equipment.

Pharmaceutical services. Whether drugs are generally procured from community or institutional pharmacists or are stocked by the facility, the surveyor ascertains that the extended care facility has methods and procedures for its pharmaceutical services that are in accord with accepted



Registered nurse makes a notation on a patient's chart. In the background is part of the nursing station's drug supply with separate drawers, labeled by name, for each patient's medications.

professional practices. A large nursing home will have a pharmacy run by a licensed, full-time pharmacist while a smaller home will have a part-time pharmacist who dispenses drugs, properly labels them, and makes them available to the physicians and licensed nursing personnel at appropriate times.

The surveyor insists that the staff meticulously follow standard procedures for administration of pharmaceutical services. Requirements are explicit about conformance with physicians' orders, administration of medications, labeling and storing medications, and control of narcotics.

Diagnostic services. Paying careful attention to the factors explaining the standard, the surveyor makes sure that the home has provision for promptly and conveniently obtaining required clinical laboratory, X-ray, and other diagnostic services. He also reviews the clinical record to confirm that supporting conditions are met.

Dental services. The surveyor ascertains that patients are assisted to obtain regular and emergency dental care. However, the services of dentists to individual patients are not included as a benefit in the basic hospital insurance program, and only certain oral surgery is included in the supplemental medical insurance program. An advisory dentist provides consultation, participates in inservice education, recommends policies concerning oral hygiene, and is available in an emergency.

The extended care facility, when necessary, arranges for the patient to be taken to the dentist's office. Nursing personnel assist the patient in carrying out the dentist's recommendations.

Social services. The services of a professional who has graduated from an accredited school of social work should be provided to meet the medically related social needs of patients. The surveyor's consideration of the social services staff—their training as well as the performance of their duties—and the confidentiality of social data is no less than that entailed in evaluating other disciplines and services.

Clinical records. Although his clinical and social records usually are interrelated, a separate clinical record is maintained for each patient. These records are compiled in accordance with accepted professional principles. The surveyor may review the records to be sure that they contain the precise information required by the standard and to note the timeliness of the receipt of the information.

Incomplete or incorrect medical records can be hazardous to the patient. The results can be double doses, missed doses, or continuation of unneeded medicine. The patient may even be given the wrong drugs. The medical records show dates the physicians saw the patient, notes on physical therapy or other treatments, diet, laboratory reports, and evaluation of the patient's progress. The surveyor also notes compliance with the required procedures for retention, confidentiality, and staff responsibility for records.

Patient activities. Patient activities are also examined. The statute requires that "Activities suited to the needs and interests of patients are provided as an important adjunct to the active treatment program and to encourage restoration to self-care and resumption of normal activities." The standard requires that the person designated to be in charge of patient activities and have experience or training or both in directing group activity or have consultation available from a qualified leader recreational therapist or group activity leader.

The activity leader is expected, insofar as possible, to help the patients use the social and recreational opportunities in the community, and accordingly some homes have diversified programs of social activities—watermelon socials, shopping trips, boat rides, and concerts. In complying with the stipulation that they make available a variety of supplies and equipment adequate to satisfy the individual interests of patients, some homes not only supply books, magazines, daily newspapers, games, stationery, and radio and television, but they also offer comprehensive programs of recreational therapy, including ceramics, china painting, and sewing. Although suitable activities should be provided for patients unable to leave their rooms, some homes offer very little relief from boredom and loneliness. The surveyor is required to note whether a schedule of patient activities is posted.

Surveyors must be convinced that patients who are able to and wish to attend religious activities are helped to do so and that patients' requests to see their clergymen privately are honored. Visiting hours should be flexible and posted to encourage visiting by friends and relatives.

Other Practices and Conditions Surveyed

Transfer agreements, utilization review, physical environment, housekeeping services, and disaster plans are also investigated by surveyors. Transfer of patients from hospitals to nursing homes is subject to specific, unequivocal condi-

tions. The surveyor notes whether the agreements contain the minimum stipulations required by law to assure safe, comfortable transport of patients between hospitals and nursing homes, that the interrelated responsibilities of the hospitals and homes are specified, and that both facilities promptly interchange information about the patient. The effectiveness of the required plan of utilization review is scrutinized as minutely as records of direct service to the patient.

To insure the safety of patients and that the home provides a functional, sanitary, and comfortable environment, the surveyor inspects the building to determine its construction, fire resistance, kind of fire-fighting equipment, and ease of evacuation. He is also concerned with water supply and sewage disposal, lighting and emergency electrical service, heating and air-conditioning systems, hot water system and plumbing, ventilation, and laundry facilities.

Nursing homes must also have many facilities and standards usually associated with hospitals—particularly nursing units, special bedroom and bathroom equipment, examination rooms, and provision for isolation. The standards for house-keeping services are the same as those of any well-ordered home or hospital, and the surveyor must insist that administrators comply with them.

Associated Duties of Surveyors

Identification of inadequacies, however, is not the only purpose of the nursing home surveyor. Equally important is his duty as counselor. After defects are found, he must then be able to offer suggestions to correct them. For example, a surveyor at a Washington, D.C., home noted that licensed practical nurses had all received their training many years ago. To improve this situation, she recommended that an inservice training course be conducted at the home and gave the nurse director the name of a person who had such a program and who could advise on setting up one.

This counseling is given during the exit interview at the end of the inspection. The surveyor, nursing home administrator, nurse director, dietitian, physical therapist, and other staff members discuss the surveyor's observations. The surveyor points out defects and suggests how to correct them. If necessary, the surveyor refers the staff to

Surrounded by her own furniture, books, and plants, an elderly resident enjoys life in one of the all-too-few nursing homes which offers the compassionate professional care due all senior citizens



consultants for expert advice in their respective disciplines.

The surveyor then reports the defects to his agency and supervises their correction. Besides the exit interview with responsible persons at the facility, a letter listing the defects and requesting a proposed plan of correction is sent to the home. The surveyor resurveys the facility when the time allotted for correction is up. He may also resurvey during the interim for consultative purposes.

In some jurisdictions a surveyor may suspend a home's license if the health and welfare of the patients are threatened. An injunction forbidding operation of the home until the complaint is settled in court can be obtained. Under such circumstances the patients would be relocated until a judgment was rendered. In other situations the home's administrators could be prosecuted under the criminal code.

The Problem Related to Surveyors

The nursing home surveyor has a very complex, exacting, and responsible job. Evaluation of the broad spectrum of services detailed in the Extended Care Facility Survey Report requires the expertise of physicians, nurses, social workers, dietitians, pharmacists, speech pathologists and audiologists, physical and occupational therapists, and mental health personnel as well as public health and safety experts and building engineers.

Some States use teams of surveyors to cover all the aspects of inspection, but more frequently one person—often with very little training or experience in most of the areas he is expected to report on—conducts the entire survey. There is a shortage of surveyors, and many States—possibly because of their internal fiscal problems—are failing to meet their responsibilities in enforcing the Federal standards.

How the DHEW Handles the Problem

Secretary Richardson reported that several hundred nursing homes have corrected deficiencies and improved services as a result of more than 4,000 surveys by federally financed State inspectors (surveyors) during the past year. "These improvements range from hiring more trained nurses to improving food services, from eradicating fire and safety hazards to instituting better drug administration procedures. . . ."

The Secretary also revealed that the Department has recently instituted a crash effort to assess the States' Medicaid certification and enforcement efforts. He said teams of Federal inspectors work-

ing in 52 jurisdictions are making spot checks in nursing homes and reviewing every State's certification program. This special survey, along with the services of Dr. Marie Callender, special assistant for Nursing Home Affairs, Office of the Assistant Secretary for Health and Scientific Affairs, is expected to help the States improve their performance. It is anticipated that Dr. Callender will critically examine nursing home standards as well as their enforcement and subsequently recommend improvements for both.

The Health Facility Survey Improvement Branch, Health Services and Mental Health Administration (HSMHA), reports ongoing training courses for surveyors are being offered by the University of California at Los Angeles, Tulane University, and the University of New Hampshire to provide intensive training for nursing home surveyors. The University of Maryland, the University of Chicago, and the University of Colorado are being asked to bid on contracts to offer similar courses.

The courses concentrate on the techniques of the survey process, rather than the content of all the disciplines involved in a survey. The surveyors are taught what to look for and effective techniques for finding it. Stress is laid on the techniques of good consultation and programing for improvement and good documentation (so that in the event of litigation, the surveyor will have corroboration).

In August 1971, President Nixon ordered that 2,000 nursing home inspectors be trained by February 1973. The current training program is geared to achieve that goal.

Eventually, according to Dr. Vernon Wilson, Administrator of the Health Services and Mental Health Administration, only inspectors who are federally certified will be authorized to inspect and approve nursing homes participating in Federal health programs. When national health insurance—in whatever form—becomes a reality, it is anticipated that Federal standards will be required for all kinds of health facilities. Consequently, the need for surveyors will continue to grow.

As rapidly as possible, HSMHA hopes to develop a large corps of trained, efficient surveyors prepared to improve patient care through better inspection of facilities. The rules are only as good as their enforcement, and the surveyor will be the watchdog for the health care consumer to make sure that the standards laid down by the Government are met.